

05/09/84  
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services

STATE ID NUMBER 23494051

Please print or type with ELITE type (12 characters per inch)

GENERATOR NAME AND MAILING ADDRESS

PARA PLATE  
3242 E. OLYMPIC  
LOS ANGELES, CA.

AREA CODE/PHONE NUMBER

213/268-4281

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAX000036423

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.  
12504 E. WHITTIER BLVD  
WHITTIER, CA. 90602

VEH/CONTAINER NO.

EPA ID NUMBER

00042507 CAD042245001

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE/PHONE NUMBER

213/268-4281

CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO. TYPE

WASTE  
CAT. NO.

DISP.  
METH

HAZARDOUS WASTE, LIQUID N.O.S - ORM-E  
FLEXOSOLVENT

NA 9189

60

G

02DM211

01

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

PERCHLOROETHYLENE

70

60

PHOTO POLYMER RESIN

30

20

N-BUTYL ALCOHOL

14

12

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

*Henry S. Lopez*

MO.

DAY

YR

05

10

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

*Henry S. Lopez*

05

10

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE  
REC'D  
&  
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR

Printed or typed full name and signature

*STEVE SIMPSON*

CAD042245001

05

10

84